NUTRITION SERVICES PROGRAM GUIDELINES

A. Definitions

Nutrition Care Services

Nutrition care services consist of a program that provides for, but is not limited to, the following specific components:

- a. Program planning
- b. Screening
- c. Assessment of nutrition status
- d. Medical nutrition therapy
- e. Individualized care plans
- f. Follow-up plans for the provisions of services in nutrition for the promoting of positive health, the prevention of ill health, and the dietary control of disease.

2. Community-Based Preventive Nutrition Services

Nutrition education is a process involving intellectual, psychological, and social dimensions relating to activities that increase the abilities of people to make informed decisions affecting their nutritional status. This process, based on scientific principles, facilitates learning, and behavioral change.

B. Program Planning

1. a. Guideline

The nutritionist/dietician shall develop, maintain, and evaluate a program plan for nutrition services. This plan shall address the identifiable nutrition needs of the clinic clientele and community.

- (1) The nutrition services plan shall be revised by the nutritionist/dietician on an annual basis.
- (2) The nutrition services plan shall include:
 - (a) A prioritized needs assessment of the clinic population and community;
 - (b) Demographic characteristics affecting health and nutritional status;

- (c) A survey of clients and staff to identify and prioritize nutritional needs of the clinic population;
- (d) Available data on local food assistance and other nutrition programs;
- (e) Diagnosed nutritional needs of the clinic population (chart audit);
- (f) Goals that state the overall purpose of the program;
- (g) Objectives that state specifically what is to be accomplished within specified time frame;
- (h) Activities and timeline; and
- (i) Evaluation methods to measure whether the objectives were met and the effectiveness of the activities.

Sample format:

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|---------------------------------------|--|------------|--------|----|------------|
| ANNUAL CLINIC NUTRITION SERVICES PLAN | | | | | |
| Goal: | | | | | |
| Objectives | | Activities | Timeli | ne | Evaluation |
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C. Staff Requirements

1. a. Guideline

The dietician shall be registered to practice in the State of California and shall function within the scope of practice permitted by the Board of Registration.

b. <u>Criteria</u>

California statutory standards for the provision of nutrition services (Business and Professions Code Section 2585 & 2586) specify the education training and examination to be followed in the development of a nutrition services program. Of primary concern is that the provision of "medical nutrition therapy" to treat an illness or disease is restricted to those who are legally registered to do so. Community Health Workers or Health Educators may **not** counsel patients. They may **only** provide nutritional advice.

2. a. Guideline

There shall be a current and accurate job description for each position within the Nutrition Department.

b. Criteria

- (1) Developing, reviewing, and updating of all clinic nutrition policies, procedures and protocols annually, including documentation of such review.
- (2) Assuring that all staff who provide nutrition services comply with established policies, procedures and protocols.
- (3) Assuring that quality nutrition services are provided to all clients when deemed medically necessary.
- (4) Providing supervision, coordination of activities and in-service education to appropriate clinic staff.

4. a. Guideline

The nutritionist/dietician shall develop policies and procedures for the nutrition program. These shall comprehensively describe the nutrition program for all contracted clinic sites.

b. Criteria

- (1) The clinic nutrition policies and procedures shall be written by the nutritionist/dietician.
- (2) The policies and procedures for the nutrition program shall:
 - (a) Be reviewed annually and allow for ongoing revisions per professional standards;
 - (b) Be available to all nutrition and clinic staff;
 - (c) Be adapted to the specific staffing pattern and program practice of the clinic; and
 - (d) Be of a consistent format.

D. Patient Services and Continuity of Care

1. a. Guideline

The nutritionist/dietician shall develop protocols and lesson plans for all nutrition topics.

- (1) Nutrition protocols shall be reviewed, approved, and signed by the medical director annually.
- (2) Nutrition protocols shall reflect the actual practice of the clinic.

- (3) Nutrition protocols for pregnant and postpartum women, infants, and children must meet the minimum standard required by the Comprehensive Perinatal Services (CPSP) Program, the Childhood Health and Disability Prevention (CHDP) Program and the Early Periodic Screening Development Test (EPSDT).
- (4) Lesson plans and protocols shall be available to all appropriate staff.

2. a. Guideline

The nutritionist/dietician shall develop written nutrition policies regarding missed appointments, referrals, and on going nutrition care.

b. Criteria

- (1) The nutritionist/dietician shall develop a written procedure regarding follow-up on missed appointments.
- (2) The nutritionist/dietician shall be responsible for recording a specific written plan for ongoing nutrition care in the patient health records.

E. Referral and Linkages

1. a. Guideline

There shall be procedures regarding a referral system that is integrated with existing referral systems within the clinic and the community at large.

- (1) The nutritionist/dietician shall have implemented a referral system that includes:
 - (a) Referral form; and a
 - (b) Referral record
- (2) The nutritionist/dietician shall develop linkages, as appropriate, with community programs/agencies, including, but no limited to, the following:
 - (a) Local nutritionist/dietician
 - (b) Local health and social services
 - (c) Schools and child care centers
 - (d) Senior citizen centers
 - (e) Voluntary health and social service agencies
 - (f) Homeless shelters
 - (g) Food banks
 - (h) County Cultural Extension Food Nutrition Education Program (EFNEP).
- (3) The nutritionist/dietician shall maintain a referral system regarding other communitywide nutrition services, such as food assistance programs and lactation counselors.

F. Health Record Keeping

1. a. Guideline

The community clinic shall establish and maintain written policies and procedures regarding patient health records.

2. b. Criteria

- (1) Health records shall include a specific nutrition services section, including a patient nutritional risk survey with the following information:
 - (a) Medical history and clinical findings, such as, blood pressure, edema, etc.
 - (b) Socioeconomic history and risk factors
 - (c) Dietary assessment using a 24-hour dietary recall, food frequency, food record, or other standardized method
 - (d) Anthropometric measurement, including height, weight, skin folds, or body circumference
 - (e) Biochemical data, including hemoglobin/hematocrit, blood cholesterol, blood sugar, HgA, C. etc.
- (2) Nutrition records shall be maintained in a manner consistent with the SOAP (Subjective, Objective, Assessment, Plan) format. The progress notes shall be organized in SOAP format.
- (3) Progress notes shall be dated and signed by the nutritionist/dietician. All signatures must include credentials. Progress notes must be co-signed by the medical provider if your clinic is billing the Medi-Cal Program. Progress notes shall include:
 - (a) Condition and problem to be addressed;
 - (b) Individualized care plan with short and long term goals;
 - (c) Laboratory tests;
 - (d) Nutritional assessment; and
 - (e) Follow-up plan.

G. Quality Assurance

1. a. Guideline

The nutritionist/dietician shall establish, coordinate, and maintain quality assurance measures that assure the provision of quality nutrition care as part of a comprehensive health care program for clinic patients. The nutrition quality assurance system shall include standards for the provision of nutrition care commensurate with prevailing professional judgement and technical competence.

a. Criteria

- (1) The nutritionist/dietician shall be a member of the quality assurance committee and participate in the development of standards.
- (2) There shall be a monthly or quarterly review pattern for two or more percent of the previous months/quarters patient visits to the nutritionist/dietician.

H. Community-Based Preventive Services

1. a. Guideline

The nutritionist/dietician shall establish a nutrition information system. Residents of the community shall be provided motivational, community-based, consumer-driven, and nutrition promotion programs.

b. Criteria

- (1) The nutritionist/dietician shall increase public awareness of nutrition conditions found in the community.
- (2) The nutritionist/dietician shall actively participate in the planning and implementation or development of community-based nutrition promotion programs, such as: *Project LEAN, Por La Vida* and *Pintame de Colores Con Comidas Mexicanas Ricas en Vitamina A.*
- (3) Identify target populations not using nutrition services.
- (4) Community-based group nutrition education sessions shall be conducted by the nutritionist or other staff trained in nutrition. Sessions shall be documented as to date, topic, person providing training, and sign-in list of attendees.

2. a. Guideline

The nutritionist/dietician shall coordinate the community-based preventive nutrition services with the local health jurisdictions and community-based organizations in a manner that will benefit the overall health status of the community.

- (1) The nutritionist/dietician shall meet with local health jurisdictions and community based organizations to maximize resources and strengthen service delivery to the target population.
- (2) The nutritionist and health educator shall collaborate in the development of a community resource and referral file. This file should include:
 - (a) Name of organizations/agency/group;
 - (b) Contact person;
 - (c) Address and telephone number;
 - (d) Services offered; and
 - (e) Eligibility requirements.

3. a. Guideline

The nutritionist/dietician shall purchase or develop nutrition education materials to meet the needs of the target population.

- (1) Existing nutrition education materials and audiovisual aids shall be reviewed and evaluated by the nutritionist/dietician.
- (2) An inventory of all nutrition education materials and audiovisual aids shall be developed and maintained.
- (3) The nutrition education material and audiovisual aids shall:
 - (a) Be used for a specific purpose relevant to the nutrition problems of the community; and
 - (b) Be scientifically and technically accurate.
- (4) Nutrition education resources shall:
 - (a) Meet the needs of the clinic's population;
 - (b) Be linguistically and culturally appropriate;
 - (c) Meet low literacy standards; and
 - (d) Be attractive and well illustrated.